



# ANNUAL REPORT

OF THE

## Medical Inspection, etc.,

OF THE

## Elementary School Children

OF THE

## BOROUGH OF STOCKTON-ON-TEES,

during the year 1933,

BY

G. C. M. M'GONIGLE, M.D., D.Hy., B.S., D.P.H., M.O.H.,

*School Medical Officer;*

AND

E. B. G. EWEN, M.B., Ch.B., D.P.H.

*Assistant School Medical Officer.*

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Health Department,

11, Finkle Street,

Stockton-on-Tees,

April 27th, 1934

*To the Chairman and Members of the Education Committee.*

Ladies and Gentlemen,

Dr. Ewen, Assistant School Medical Officer, has prepared the report upon the work of the School Medical Department which I now have the honour to submit.

The problem of the nutritional state of the children attending the elementary schools in the Borough has received special attention during the year 1933. It is unfortunate that the word 'malnutrition' has, in the mind of the public, become synonymous with underfeeding. Actually not a very large number of children suffers from a gross deficiency in the total quantity of food eaten but large numbers do suffer, and suffer severely, from a deficiency of just those elements of food which are necessary for normal growth and the maintenance of health. The vast amount of research work carried out on nutritional physiology during recent years serves to lay additional emphasis upon the nutritional origin of many of the subnormal conditions by which our children are affected. Height, weight and age ratios are of little value in assessing the nutritional condition of a child. It is not unusual to find a child of normal height and age for its weight who is suffering from active rickets. Rickets is a nutritional disorder and a child with active rickets is definitely malnourished though not necessarily undernourished.

It is unfortunate that the body building and health maintaining foodstuffs are expensive as compared with those which merely provide energy. When a family has insufficient money, after paying for rent, fuel, clothing and insurance, etc., to purchase the optimum variety of foods, the more expensive varieties are simply excluded and a diet is purchased which, though possibly adequate in quantity, is definitely unsuitable and is incapable of producing healthy growth and resistance to disease.

I wish definitely to emphasise that education on food values is useless unless the purchasing power of the family is adequate to carry out the instructions given. In a large number of families investigations have shown that the family income is insufficient for this purpose. The provision of school meals and milk is therefore a very important duty of a local Education Authority in an area where depressed industrial conditions have lowered the purchasing power of parts of the population below the safety level.

The excellent work being done by the Stockton-on-Tees Education Committee in respect to the provision of meals and milk is one of the greatest measures in preventive medicine which could possibly be undertaken and the obvious improvement in the health and well-being of the large numbers of children who have been so helped constitutes an admirable return for the money expended.

Your obedient Servant,

G. C. M. M'GONIGLE,

School Medical Officer.

## 1. Details associated with Elementary Education in the Borough.

Number of Schools	...	...	...	...	...	22
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These include 19 Elementary Schools, one Central School, one Special School for Deaf Children and one Special Open-Air School for Delicate Children.

Number of children for whom accommodation is provided	...	...	...	...	13,320
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Average attendance for 1933	...	...	...	10,891
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Percentage attendance for 1933	...	...	...	90·7
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**The Staff of the School Medical Service.** The staff consists of the School Medical Officer, who is also the Medical Officer of Health ; one whole-time School Dentist ; four School Nurses, one of whom is on the staff of the Open-Air School, another on Dental Work, and a third who gives half her time to the work of a School Attendance Officer.

The following is the personnel of the Department—

*School Medical Officer*—G. C. M. M'Gonigle,  
M.D., D.Hy., B.S., D.P.H.

*Assistant School Medical Officer*—E. B. G. Ewen,  
M.B., Ch. B., D.P.H.

*School Dental Officer*—Alfred E. Pattie, L.D.S.

*School Nurses*—Miss M. Lamb, Open-Air School.

Miss M. A. Fields.

Miss M. A. Alton, School Attendance Nurse.

Miss F. Ward, School Dental Nurse.

*Clerks*—Miss J. Hall.

Miss I. Parish.

## 2. Co-ordination.

No alteration has been made in the arrangements.

## 3. The School Medical Service in Relation to Public Elementary Schools.

**School Hygiene.** A review of the hygienic condition of the schools was given in last year's report. No structural alterations have been made during the year under review.

## 4. Medical Inspection.

Three age-groups of children are inspected as routine :—

- (1) The entrants, aged five years.
- (2) The intermediate group, aged eight years.
- (3) The leavers, aged twelve years.

The Board's schedule of Medical Inspection has been followed at routine inspection.

In every case where the child is receiving a routine inspection at the schools, parents are invited to be present. The percentage of attendance of parents is highest in the case of infants—64·5%. For the eight year old children the percentage of attendance of parents was 42·2%, an increase of 2·1% over the 1932 figures. In the case of the 12 year old children there is a marked falling off in the attendance of parents, due chiefly to the fact that the older children do not wish their parents to attend.

If the parents are unable to attend and the child is found to be suffering from a defect, notice is sent to the parents advising them to obtain medical treatment. After an interval, the child is re-examined, to see if efficient treatment has been carried out. If necessary, the parents are seen, a second notice is sent, or the School Nurse visits the home.

Special cases or re-examinations are seen at the schools during routine examinations or special visits or at the School Clinic.

Children at the Open-Air School are inspected on admission and re-inspected at intervals during their stay.

Children at the Deaf School are inspected on admission and then once a year. When necessary they are re-inspected at special visits.

The existing School Medical Service scheme was altered during the year and the new scheme came into operation on 1st August. The principal alterations affected the workings of the clinics and the duties of the nurses.

Under the new scheme one school nurse, assisted by a member of the Voluntary Aid Detachment, is on duty each morning at 9 o'clock at each of three clinics, 7, Victoria Terrace, Frederick Nattrass School and Portrack School, doors being closed at 9-30. At these clinics dressings are done daily and children excluded from school on account of verminous heads attend for re-examination.

The Assistant School Medical Officer visits weekly and supervises the work of each Clinic.

Schools have been allocated to the various Clinics as follows :—

The Frederick Nattrass School Clinic serves the Frederick Nattrass Schools and Norton Schools.

The Portrack Clinic serves Portrack School,  
Carlile Memorial School,  
St. James' School and  
Tilery Road Schools.

The remainder of the schools in the town are served by the Clinic at 7, Victoria Terrace.

The remainder of the morning is devoted to dressings and baths at the Open-Air School in the case of the Open-Air School Nurse, in the case of the other two nurses to head inspections or home visits to follow up routine medical inspection, tonsils requiring treatment, advice re rickets and re wearing of spectacles, etc.

The allocation of schools for head inspections and home visits is as follows :—

The Open-Air School Nurse—Open-Air School,  
Frederick Nattrass Schools,  
Norton Schools,  
Richard Hind Schools,  
St. Cuthbert's Schools,  
Bowesfield Lane Schools.

The School Attendance Nurse—Portrack School,  
Carlile Memorial School,  
St. James' School,  
Tilery Road Schools,  
Bailey Street Schools,  
St. Mary's Schools.

The other School Nurse—School for the Deaf,  
Hartburn School,  
Holy Trinity School,  
Hume Street School,  
St. Bede's School,  
St. Thomas' School,  
Oxbridge Lane School,  
Newtown Schools,  
Mill Lane Schools.

The Assistant School Medical Officer, holds a general minor ailments Clinic for medical advice on Monday, Wednesday and Friday afternoons from 1-30 to 3 at the School Clinic at 7, Victoria Terrace, and at the Frederick Nattrass School Clinic on Thursday afternoons.

Under the new scheme each school nurse does the head inspection of one complete school department each week and the re-inspection of children whose heads were found not to be clean two weeks previously, and each department is inspected and re-inspected once in each school term.

A system of head inspection cards has been devised; so that a record is kept of the condition of the head of each child and the action taken by the nurse at inspection and, if required, re-inspection, each term from the age of five to 15.

## 5. Findings of Medical Inspections.

The children inspected in the three code-group ages numbered 2,329. The fall in numbers compared with the year 1932 is due to the amount of time occupied in 1933 with special visits to schools for examination and re-examination of children for assessment of nutrition.

In addition there were 37 other children who were inspected according to schedule, these were children attending the Deaf School, admissions to Ragworth Open-Air School, mentally defective children, etc.

The percentage of children of code-group ages found to have defects requiring treatment were as follows :—

Mill Lane School (Infants)	...	5·55%*
Bailey Street School (Boys & Girls)	...	17·39%
Bowesfield Lane School	...	19·84%
Tilery Road School	...	26·78%
Oxbridge Lane School (Boys & Girls)		24·69%
Hume Street Juniors' School	...	28·46%
Newtown School (Juniors)	...	21·19%
Richard Hind Juniors' School	...	21·15%
Norton School	...	24·25%
Frederick Nattrass School	...	26·48%
St. Mary's School	...	21·63%
St. Cuthbert's School	...	24·22%
St. Bede's Boys' School	...	27·2 %
<hr/>		
Average percentage		22·21%
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\* Most of the children of Mill Lane Infants' School were examined in December, 1932, and the percentage of children found to require treatment was 25%, so that the percentage for the whole department was actually 18·3%.

8,555 children were inspected as "Specials." These are referred by Parents, Teachers, School Nurses, Attendance Officers, etc.

Serious departures from health are found more frequently in special cases than at routine medical inspection.

Approximately 5,803 of the special cases in 1933 were examinations of the state of nutrition of children attending elementary schools.

(a) **Malnutrition.** The following signs and symptoms were taken into consideration when assessing nutrition:—Dryness or dulness of the hair, dryness and loss of elasticity of the skin, as shown by wrinkles over the forehead, "crows feet" in the vicinity of the eyes, creases from nose to mouth and across the chin, scurvy patches on face and body, loss of elasticity in the skin of the cheeks and arms, flabbiness of the muscles of cheeks and arms, loss of the refractive quality of the conjunctivae, pallor of conjunctivae, mucous membranes and skin, redness and coldness of nose and hands, the presence of chilblains, boils, septic sores, abscesses, tender glands, impetigo resistant to appropriate treatment, styes, phlyctenular conjunctivitis, keratitis, chronic blepharitis resistant to appropriate treatment, loss of appetite, loss of vitality, tearfulness, apprehension, apathetic or unhappy expression, habit-spasm, night terrors, unsatisfactory weight for age or height, bad posture incapable of being voluntarily corrected, unaccountable lack of concentration and deterioration in school work.

The numbers of the slightly subnormal and of the subnormal did not remain stationary from one day to the next, as new names were constantly being added to both lists and the names of children already certified were constantly being transferred from the one list to the other.

Unsatisfactory nutrition could in most cases be associated with insufficient means. During the year several cases came to light in which it was also associated with domestic extravagance.

(b) **Uncleanliness.** During 1933, 22,797 head examinations were carried out by the School Nurses. 2,007 individual children were found to be infected with nits, and of these 73 were unfit to be in school owing to head lice.

Of the 2,329 heads examined at routine medical inspection by the Assistant School Medical Officer, 1,401 were clean and 928 were infected with nits, 166 of these being unfit to be in school owing to head lice.

In 1931, the school nurse made 1·3 head examinations (including re-examinations) per child and 2·4% of the children attending school were found to have nits or lice.

In 1932 the school nurse made 1·3 head examinations (including re-examinations) per child. 6·3% of the children attending school were found to have nits and 0·85% to have lice.

In 1933, more time was allowed for head inspections during the last four months of the year. The school nurses made 2·1 head examinations (including re-examinations) per child. 18·4% of the children attending school were found to have nits and 0·67% to have lice.

Throughout the year 1933 the heads of children of code-group ages were carefully examined at routine medical inspection. 39·6% of these were found to have nits and 7·1% had lice.

The increase in the recorded incidence of verminous conditions of the head from 1931 to 1932 can be accounted for by actual spread from infected children to clean ones owing to lack of supervision dependent on shortage of nursing staff, children with lice being allowed to remain in school and infect others.

The increase from 1932 to 1933 is due partly to the same cause, partly to the fact that more time was given to the examinations, and cases were noted of nits or lice which would have escaped notice in a more cursory examination.

**(c) Minor Ailments and Diseases of the Skin.**

**MINOR AILMENTS.** The minor ailments discovered at routine medical inspection comprised the following:—Three cases of septic knee and one each of sprained wrist, "black eye," septic finger, contusion of foot, sprained elbow, bursitis of heel, burn, ruptured muscle accompanied by greenstick fracture.

The number of cases of minor ailments not included under other headings seen at the school clinic was 1,001.

**DISEASES OF THE SKIN.** The diseases of the skin found at routine medical inspection were as follows:— 25 cases of impetigo, 12 of seborrhoea capitis, nine of septic sores, eight of dermatitis, eight of slight ichthyosis, five of boils, four of naevus, four vitiligo (calf skin), two of acne and one each of urticaria, scabies, food-rash, psoriasis, scarred lips, papilloma mouth, sweat-rash, multiple warts, pigmentation of the skin in a mental defective.

329 cases of impetigo, 28 of scabies, 27 of ringworm of the body, 13 of ringworm of the scalp and 43 cases of other skin diseases were seen at the school clinics.

**(d) Visual Defects and External Eye Disease.**

**VISUAL DEFECTS.** Eight cases of eye-strain and 150 cases of defective vision, excluding squint, were found at routine medical inspection, of which 112 were referred for treatment and 46 for observation.

At special inspections 219 cases of defective vision, excluding squint, were found. Of these, 187 were referred for treatment and 32 for observation.

In addition, 57 cases of squint were discovered at routine medical inspection, of which 52 were referred for treatment and five for observation, and 90 cases of squint were found at special inspections 84 of which were referred for treatment and six for observation.

**EXTERNAL EYE DISEASE.** Cases of external eye disease found at routine medical inspection were as follows:— 67

cases of blepharitis, 11 of styes, four of conjunctivitis, two of corneal opacity and one each of tarsal cyst, buphthalmos, lacrimal cyst, nystagmus, bulging eye-balls, chronic thickening of eyelid, congenital cataract affecting one eye, congenital cataract affecting both eyes, corneal ulcer, ptosis of eyelid, congenital malformation of both eyes, accident scar on blind eye.

93 cases of blepharitis, 79 of conjunctivitis, 11 of keratitis, one of corneal opacity and 28 of other external eye conditions were seen at special inspections.

(e) **Nose and Throat Defects.** Defects found at routine medical inspection were as follows :— 206 cases of unhealthy tonsils, of which 93 were referred for treatment and 113 for observation ; 24 cases of adenoids, of which 15 were referred for treatment and nine for observation ; 33 cases of both unhealthy tonsils and adenoids, of which 23 were referred for treatment and ten for observation : three cases of chronic nasal catarrh unassociated with adenoids, and nine cases of acute tonsillitis.

At special inspections, 40 cases of unhealthy tonsils were seen, 12 cases of unhealthy tonsils and adenoids and two other conditions of nose and throat, all of which were referred for treatment.

#### (f) **Ear Disease and Defective Hearing.**

**EAR DISEASE.** 21 cases of otitis media were found at routine medical inspection, 15 of these were referred for treatment and six for observation, also five cases of wax causing symptoms and one case of earache were referred for treatment.

At special inspections 114 cases of otitis media were referred for treatment and three cases of other ear diseases.

**DEFECTIVE HEARING.** At routine medical inspection 14 cases of defective hearing were discovered, four of these being referred for treatment and 10 for observation.

At special inspections one case was referred for treatment and 10 for observation.

(g) **Dental Defects.** At routine medical inspection seven cases of sepsis were found, four cases of defective enamel and two cases of gingivitis.

Caries was widespread. Amongst the entrants examined only 10% were free from caries, either naturally or as the result of treatment ; amongst the intermediates 7%, and amongst the leavers 16%. 4·6% of the leavers were found to have a complete second dentition entirely free from caries without operative dental treatment and details of these are given under Section 19.

Caries is much less widely distributed in the mouths of the leavers than in those of the entrant and intermediate groups. The tables below give the incidence of caries in the three groups.

Number of teeth decayed.	768 Entrants whose teeth were inspected	734 Intermediates whose teeth were inspected.	820 Leavers whose teeth were inspected.
0	79	54	134
1	48	67	153
2	53	85	159
3	67	85	138
4	74	105	98
5	72	80	58
6	64	82	35
7	62	62	17
8	60	44	16
9	43	16	4
10	37	20	4
11	26	13	1
12	27	8	1
13	14	5	0
14	19	2	1
15	14	3	1
16	1	3	—
17	3	—	—
18	1	—	—
19	2	—	—
20	2	—	—

Number of teeth decayed.	Entrants percentage.	Intermediates percentage.	Leavers percentage.
0	10 %	7 %	16 %
1	6 ,,	9 ,,	19 ,,
2	7 ,,	12 ,,	19 ,,
3	9 ,,	12 ,,	17 ,,
4	10 ,,	14 ,,	12 ,,
5	9 ,,	11 ,,	7 ,,
6	8 ,,	11 ,,	4 ,,
7	8 ,,	8 ,,	2 ,,
8	8 ,,	6 ,,	2 ,,
9	6 ,,	2 ,,	0·5 ,,
10	5 ,,	3 ,,	0·5 ,,
11	3 ,,	2 ,,	0·1 ,,
12	4 ,,	1 ,,	0·1 ,,
13	2 ,,	0·7 ,,	—
14	2 ,,	0·3 ,,	0·1 ,,
15	2 ,,	0·4 ,,	0·1 ,,
16	0·13 ,,	0·4 ,,	—
17	0·39 ,,	—	—
18	0·13 ,,	—	—
19	0·26 ,,	—	—
20	0·26 ,,	—	—

4,046 children were examined during the year by the School Dentist. 3,763 of these were routine inspections and 283 special inspections. Of the 4,046 children examined, 2,655 were found to require treatment and of this number 1,539 actually received treatment.

(h) **Orthopaedic and Postural Defects.** In addition to seven cases of severe active rickets found at routine medical inspection, 1,053 cases of varying degrees of less severe rickets were discovered, making a 45·5% incidence of rickets for all code-group ages combined.

63·6% of the 772 entrants examined, 48·1% of the 736 intermediates and 26·1% of the 821 leavers showed deformities due to rickets.

In a considerable number of cases where marked rickets had been noted at earlier inspections, signs of the disease were found to have disappeared.

11 cases of severe active rickets were seen as specials.

A common deformity after rickets found at routine medical inspection was malformation of the roof of the mouth, 32 cases being noted.

Other deformities were 23 cases of round shoulders, 18 of scoliosis (none structural), nine of deformities of the limbs resulting from acute anterior poliomyelitis, six of flat-foot, six of deflected nasal septum, five of postural kypho-scoliosis, three of fatigue posture, two of toe deformity, two of wry-neck and one case each of the following:—hallux valgus cum hammer toe, malformation of ear, scoliosis cum lordosis, “weak ankle,” macrocephalus, fractured nose, malformed knees, malformed fingers, “hollow-chest,” drop-wrist following diphtheria, abnormal gait, facial paralysis, deformed spine, congenital absence of pectoralis major muscle, malformed rib, swelling of head resulting from accident, deformed foot, birth paresis of arm, amputated finger bone.

(i) **Heart Disease and Rheumatism.** At routine medical inspection 18 cases of organic heart disease were diagnosed and 191 of functional disorder, of which four required treatment and 40 observation, the other 147 cases being attributed to late hours and want of sleep.

82 cases of children subject to rheumatism and three cases of chorea were found at routine medical inspection.

As specials there were 15 cases of organic heart disease requiring treatment and 12 cases requiring observation, 29 cases of chorea and 84 of rheumatism.

(j) **Tuberculosis.** At routine medical inspection no case of pulmonary tuberculosis was diagnosed, but four suspected cases were referred to the Tuberculosis Officer for diagnosis. One case of peripheral glands, one of knee-joint and one of suspected lupus were seen.

At special examinations four cases of definite pulmonary tuberculosis and eight suspected cases were examined, also eight cases of peripheral gland, three of bone and joint, two of skin and ten of abdominal tuberculosis.

**(k) Other Defects and Diseases.**

**Cervical Glands.** Enlarged cervical glands were palpable in 547 of the 2,329 children examined at routine medical inspection, of which one case of tubercular infection and one case of markedly inflamed non-tubercular gland required treatment and six cases of tender glands were referred for observation.

Eight cases of tubercular adenitis and 83 cases of non-tubercular adenitis were referred for treatment as a result of special inspections.

**Endocrine Glands.** 15 cases of enlargement of the thyroid gland and two cases of hypothyroidism were discovered at routine medical inspection.

**Defective Speech.** Speech was defective in 43 cases seen at routine medical inspection, 34 requiring treatment and one observation.

Five cases were referred to the Speech Training Class from special inspections.

**Nervous Diseases.** One case of epilepsy was found at routine medical inspection, three cases of fidgetiness, apart from definite chorea, and seven cases of slight habit-spasm. In 30 cases parents complained of "nervousness" in children examined.

Six cases of epilepsy and one other nervous complaint were referred for treatment from special inspections.

**Bladder.** At routine medical inspection, incontinence of urine by day was noted in two cases, incontinence of urine by night in five cases.

**Lungs.** Bronchial catarrh was found in 30 of the children examined at routine medical inspection, asthma in one, and in three other cases the lungs were unhealthy.

At special inspections, treatment was recommended in 46 cases of bronchitis and 36 other cases.

**Anaemia.** 30 cases were found at routine medical inspection to require treatment and 34 at special inspections. Five children were referred for observation at routine inspection.

**Other.** Eight cases of threadworms were noted at routine medical inspection, six cases of hernia, four cases of severe debility and one each of the following:—congenital syphilis, coeliac disease, anosmia, menorrhagia, fatigue, malaise, chicken-pox, mumps, influenza.

**Abnormalities, as distinct from diseases.** The following departures from normal were noted at routine medical inspection: four cases of epicanthus, two of bifid uvula, two of rudimentary supernumerary nipples, two of heterochromia iridis, one of heterochromia iridum and one of rudimentary upper incisor teeth.

## 6. Following-up.

5,167 re-inspections of children suffering from one or more defects in each case were carried out by the Assistant School Medical Officer during the year, 60 special visits being paid to the schools.

Between re-inspections by the Assistant School Medical Officer, cases, where necessary, were visited in the homes by the school nurses. Although it is unusual for parents to refuse the offer of refraction it is not at all unusual to see children who are in possession of suitable spectacles and are not wearing them. In some schools the teachers take charge of the spectacles of cases which are persistently troublesome in this way and give them to the children at the beginning of the morning and afternoon sessions and take them back at the end of the session.

Owing to the re-arrangement of the duties of the school nurses during the latter part of the year they were able to make 2,613 home visits, 683 in excess of the number for the previous year.

## 7. Arrangements for Treatment.

(a) **Malnutrition.** Cases of definite malnutrition are certified as physically defective and admitted to the Day Open-Air School.

Cases of subnormal nutrition are certified as requiring a mid-day meal at one of the Committee's feeding centres.

Cases of slightly subnormal nutrition are certified as requiring the half pint milk ration of the Committee's provision of meals scheme.

(b) **Uncleanliness.** The attention of child or parent is drawn to the presence of odd nits, and the use of warm vinegar and the small tooth comb is advocated, but no written notice is sent to the home.

Where nits are more numerous or where odd nits are accompanied by flea-bites or dirty clothing or dirty skin, a notice is sent drawing attention to the child's condition.

There were no prosecutions during the year on account of verminous heads.

When it is realised that in a Senior School upper class of 41 girls, whose heads were examined by the Assistant School Medical Officer, 22 had nits, 16 had lice in addition to nits, and only 3 of the 41 were clean, some idea will be obtained of the unnecessary labour, expense and mental worry imposed on clean parents in endeavouring to keep their children's heads free from vermin in such company.

(c) **Minor Ailments and Diseases of the Skin.** Three school clinics open at nine o'clock each school morning for the treatment of minor ailments and diseases of the skin, children in attendance at school having their attendance marked before leaving for the clinic.

The number of minor ailments treated at the clinics was 1,842, approximately half of the number for the preceding year,

the reduction in numbers probably being principally due to the increased powers of resistance of the children, resultant from the extra feeding provided by the Authority. It was observed that the extra feeding had a marked effect on the duration of sores, cases healing much more quickly when extra feeding was provided.

The number of dressings was 8,539. Fewer cases of skin disease were treated at the school clinics than in the previous year and more were treated elsewhere, those treated at the school clinics numbering 500, the number of those treated elsewhere being 81.

(d) **Visual Defects and External Eye Disease.** Appointments for refraction by the Assistant School Medical Officer are given to all school children suspected to be suffering from eye-strain, cases of recurrent headache associated with school work, painful sensations in the eyes, persistent watering of the eyes, persistent cases of conjunctivitis, styes and blepharitis, all cases of squint, persistent or intermittent, all intermediate children who have an eye with vision worse than 6/12, all leavers who have an eye with vision worse than 6/9, all children already wearing spectacles, where the vision is found to have deteriorated since the spectacles were prescribed, and cases of squint in pre-school children referred by the Maternity and Child Welfare Medical Officers.

An attempt was made to estimate by Snellen's Test the vision of entrants through a plus 1 D lens, by asking them to make in the air with their fore-finger the letters pointed out on the card. While 5-year-olds of average intelligence were able to copy the letters in this way the duller ones were not, a great deal of time was used up, and the idea of routine testing of entrants by this method was abandoned.

By examining refractions at the School Clinic during the Easter and Autumn vacations, it was possible to carry out 125 refractions more than the previous year's number, making a total of 430 for 1933 (13 pre-school children and 417 school children).

One additional case was examined for partial blindness under the Authority's Scheme by the Consultant Ophthalmic Surgeon, without being refracted by the Assistant School Medical Officer.

13 cases of defective vision were treated privately apart from the Committee's Scheme, and obtained spectacles.

By the end of the year the waiting list for refraction had been wiped out.

In 290 cases, spectacles or new lenses were prescribed by the Assistant School Medical Officer and 178 of the cases had obtained them by the end of the year. In 29 additional cases the spectacles, which were being provided by the Education Committee, were not delivered until after 31st December.

83 cases were found on enquiry to be entitled to free spectacles and 124 paid the full charge.

Children are asked to report damage to or loss of spectacles, and 69 cases of damaged spectacles had attention. Where loss of spectacles was reported the refraction was re-examined to bring the prescription up to date.

The contractors forward all new spectacles and new lenses to the School Clinic, where the strength of the lenses and the fitting of the frames are checked by the Assistant School Medical Officer.

The findings in the 430 cases of visual defect examined at the School Clinic were as follows:—

169 cases of Simple Hypermetropia both eyes—one of these also having choroiditis.

121     ,,    Astigmatism both eyes.

42     ,,    Simple Myopia both eyes—the worst one having 25 dioptres of myopia in the one eye and 20 dioptres of myopia in the other eye.

34 cases of Hypermetropia Right cum Astigmatism Left.  
 21     ,,    Astigmatism Right cum Hypermetropia Left.  
 9     ,,    Astigmatism Right cum Myopia Left.  
 7     ,,    Hypermetropia Right cum Myopia Left.  
 6     ,,    Myopia Right cum Hypermetropia Left.  
 5     ,,    Myopia Right cum Astigmatism Left.  
 5     ,,    Normal refraction both eyes.  
 3     ,,    Right Hypermetropia, Left Normal.  
 2     ,,    Right Normal, Left Astigmatism.  
 1 case of Right Rudimentary, Left Congenital Coloboma  
       of Iris and Choroid cum Astigmatism.  
 1     ,,    Right Normal, Left Myopia.  
 1     ,,    Right Hypermetropia, Left removed.  
 1     ,,    Right removed, Left Hypermetropia.  
 1     ,,    Ciliary Spasm.  
 1     ,,    Buphthalmos.

Cases of external eye disease are treated at the school clinics, 194 cases being treated, compared with 266 in the previous year.

29 cases were treated elsewhere, compared with six cases in the previous year.

Children suffering from phlyctenular conjunctivitis, severe chronic blepharitis and the various forms of keratitis are admitted to the Day Open Air School.

(e) **Nose and Throat Defects.** No alteration has been made in the facilities for treatment of nose and throat defects described in last year's report under Section 8, sub-section (b).

Parents are urged to obtain hospital tickets privately whenever possible, all cases being referred to the private medical attendant in the first instance.

Advice was recommended in 168 cases and this resulted in operation in 77 of the cases, 13 of these under the Authority's Scheme, the remaining 64 having succeeded in obtaining hospital tickets.

Certificates of fitness to return to school are not given until all slough has cleared from the throat and the child feels well.

(f) **Ear Disease and Defective Hearing.** There are facilities for the conservative treatment of ear disease at the morning clinics. 182 cases of otitis media and minor ear defects, an increase of 50 on the previous year's number, were treated at the clinics during the year.

Cases of defective hearing found at medical inspection to require treatment, are referred to the private medical attendant in the first instance.

An aural surgeon's report was obtained by the Committee in one case of suspected partial deafness.

There is, in Stockton-on-Tees, a certified Day School for Deaf Children.

### **Report by the School Dentist on the work of his department during the year 1933.**

(g) **Dental Defects.** Of the 4,046 children examined during the year, 2,655 were found to require treatment and of this number 1,539 actually received treatment. The percentage of children accepting treatment was 58%.

The operations performed comprised 398 fillings of permanent teeth, 18 fillings of temporary teeth, 344 extractions of permanent teeth, 1,384 extractions of temporary teeth, 3 extractions of supernumerary teeth, 337 dressings of silver nitrate, 10 scalings, 12 cases of trimming teeth fractured as a result of injuries received by falls, blows, etc., and two root dressings.

In brief 416 fillings, 1,728 extractions and 361 dressings and sundries were completed, a total of 2,505 operations during the year.

(For further details see Table IV (Group IV).

Of the 3,763 children inspected in the course of routine dental inspection 63% were found to require treatment. This is practically the same as last year, being an increase of only 0·9%.

The age groups was increased during the year to ten years of age, so that every child from five to ten years, but not over, was inspected.

Extractions of temporary teeth have decreased while those of permanent teeth also show a slight decrease. It is pleasing to be able to report a slightly larger number of permanent teeth saved. Considerable time has been devoted to checking incipient signs of decay in permanent teeth.

Careful examination of the five year old entrants has again been carried out during the year, and of the number inspected 7% showed perfectly sound dentitions. This is an increase of 0·6% on last year.

As one would expect, this particular percentage for individual schools is higher in those districts not so hard hit by unemployment, although in some schools in poorer districts the percentage is unusually good which is a direct result of child welfare work.

During the year a visit to the schools was paid by lecturers from the Dental Board and the Dental Exhibit which they provided proved interesting to the children. Following the visit there was a brisk demand for the toothbrushes which are sold at the Clinic.

ALFRED E. PATTIE, L.D.S.,

School Dental Officer.

(h) **Orthopaedic and Postural Defects.** The Committee has no Orthopaedic Clinic.

Suitable cases are referred to the Stockton and Thornaby Guild for the Care of Crippled Children, which is a voluntary organisation,

In each of the 1,071 cases of rickets found at medical inspections during the year, advice was given to parent or guardian on the amount of cod liver oil emulsion recommended and the facilities for obtaining it at the School Clinic, on the amount of rest required, on the food and drink recommended for each meal and the articles to be avoided at each meal.

Suitable cases of orthopaedic and postural defects are admitted to the Day Open Air School.

(i) **Heart Disease and Rheumatism.** Suitable cases of heart disease and rheumatism are admitted to the Day Open Air School. 84 cases of rheumatism and 29 cases of chorea were kept under observation at the School Clinic during the year.

(j) **Tuberculosis.** A Tuberculosis Officer attends at the Tuberculosis Dispensary of the Durham County Council in Stockton-on-Tees, every Wednesday and Thursday from 10 o'clock onwards for the examination of patients resident in the borough.

All suspected cases seen at school or clinic, unless they are already receiving medical treatment, are referred to the dispensary, with full particulars of their history and condition, for the examination, report and advice of the Tuberculosis Officer.

Suitable cases of non-infective tuberculosis are admitted to the Day Open Air School. During the year 12 cases have been in Sanatoria.

When it is proposed to discharge from the Day Open Air School a child suffering from tuberculosis the case is first referred to the Tuberculosis Officer for his approval of the child's return to ordinary elementary school.

40 cases of tubercular glands, 33 of abdominal tuberculosis, 21 of tubercular bones and joints, 20 of pulmonary tuberculosis and five of lupus attended the dispensary during the year.

(k) **Other Defects and Diseases.** The Committee has not provided facilities for Ultra Violet Radiation.

An approved brand of cod liver oil emulsion is on sale at cost price at the School Clinic, 7, Victoria Terrace, every morning, including Saturdays, from 9 to 9-30 o'clock.

It is prescribed in all cases of rickets, debility, anaemia, malnutrition, bronchitis, rheumatism, chorea, and convalescence after illnesses.

33 gallons were sold at the School Clinic during the year, this being rather more than a 50% increase on the previous year's amount.

**Speech Training Classes.** Miss M. F. Jones, specialist speech training teacher, resigned her appointment in March, 1933, and Miss J. Livock was appointed in her place and took up duty in May.

Miss Livock reports as follows :—

"In January, 1933, 77 children were attending the seclasses. During the year 23 new cases were admitted. 18 were discharged as cured, one died, two left the town and 14 left school having reached the age of 14, and one obtained a scholarship to the Secondary School.

Of those discharged, nine left in March. One had three years and four months' treatment, two had two years and six months, one had two years, one had 10 months, one had seven months and three had four months' treatment.

The average attendance at these classes was 74%.

In July, four left, one had two years 11 months, two had two years 10 months, and one had eight months' treatment. The remaining five left in November, one had 11 months, and four had three months' treatment.

These children have been examined once a month since being discharged and their improvement has been maintained and the report of the Head Teachers is satisfactory."

## 8. Infectious Diseases.

Notified cases of infectious disease are the subject of an enquiry by a Sanitary Inspector or by the Medical Officer of Health. All children in invaded households are excluded from school for a specified period and a notice is promptly sent to the Head Teacher of the school involved. If the child is removed to the Isolation Hospital, disinfection is carried out in the home without delay and the infected bedding, etc., is removed for disinfection by steam. If the child is nursed at home the whole household is kept under observation until a certificate of freedom from infection is received from the medical attendant and then disinfection is carried out. Children who have recovered in the Isolation Hospital are excluded from school after discharge from that institution for a stated period. All children excluded from school on account of non-notifiable infectious disease are visited by the School Nurses.

During the year 879 children were excluded from school on the ground that this was necessary to prevent the spread of infection. Of this number 331 were actual sufferers from infectious disease of one kind or another, while 548 were contacts.

No school or department was closed during the year on account of infectious disease.

## 9. Open-Air Education.

(a) **Playground Classes.** These are held in some of the Infants' Schools during Summer.

(b) **Open-Air Classrooms.** There are no open-air classrooms in the public elementary schools, but the Frederick Nattrass School is built on open-air school lines.

(c) **School Journeys.** 38 fourth year girls and three mistresses spent a week (May 26th to June 2nd, 1933) at Keswick, staying at the Stair Guest House of the Holiday Fellowship. Excursions were made to Buttermere, Borrowdale, the top of Skiddaw and on the hills round the Newlands Valley. The cost, 30/- per head inclusive, was borne chiefly by parents with help for the poorer children from the Old Girls' Association, from private donations and from School funds.

## 10. Physical Training.

Instruction in physical exercises continues to be given to school children by competent teachers in the five playing fields during school hours according to time table. The syllabus of Physical Training issued by the Board of Education is followed in all schools. Organised games are systematically arranged, and all schools are fully equipped with the necessary materials for Summer and Winter games.

The Schools Athletic Association has been actively engaged during the year in carrying out the arrangements for inter-school matches.

In cases where participation in the physical exercises, dancing, games or swimming lessons of the school curriculum is likely to be detrimental to the health of a pupil, a certificate to this effect is forwarded to the Head Teacher by the Asst. School Medical Officer, and in cases where the disability is not considered likely to be permanent the child is re-examined at the first clinic of each school term to ascertain whether a further certificate of exemption is necessary.

No remedial exercises are provided in the schools.

## 11. Provision of Meals.

During the year 1933 meals have been provided for necessitous school children. A canteen has been established where the meals are cooked. Meals are served at eight Centres, each

covering a group of schools and, except in three cases, accommodation is provided otherwise than on school premises. A competent staff has been engaged and food is provided for all children certified by the School Medical Officer to be under nourished.

The following table shows the number of children in receipt of Milk or Mid-day meal for each month during the year.

Month	Children receiving Milk Ration ( $\frac{1}{2}$ -pt.)		Children receiving Mid-day Meal.	
	Total	Supplied free	Total	Supplied free
January	1118	823	—	—
February	1332	878	—	—
March	1475	958	527	527
April	2767	1907	590	590
May	2590	1816	576	538
June	2530	1835	508	479
July	2614	1934	539	514
August (holiday)				
September	2300	1772	410	391
October	2236	1740	333	322
November	2115	1714	323	309
December	2076	1696	325	313

The total number of  $\frac{1}{2}$ -pt. bottles of Milk supplied was 439,874—337,516 being supplied free. The total number of Dinners supplied was 66,041—64,094 being supplied free.

Two months after the first feeding centre was opened every child receiving a mid-day meal at that centre was re-examined by the Assistant School Medical Officer. 229 were re-examined.

Of the 26 who had had less than 22 dinners (i.e. those who had been attending for less than one month) 80·8% showed no change, 11·5% were improving, and in 7·7% nutrition appeared to be normal.

Of the 47 who had had 22 dinners or over, one month's attendance, 59·6% showed no change, 34·0% were improving, and in 6·4% nutrition appeared to be normal.

91 children had had 40 dinners. 68·1% of these showed no change, 26·4% were improving, and in 5·5% nutrition appeared to be normal.

Of the 65 who had had 44 dinners or over, two months' attendance, 69·2% showed no change, 24·6% were improving, and in 6·2% nutrition appeared to be normal.

It was decided to replace dinners by the milk ration in the cases which appeared to have improved.

Schools were visited a second time for the ascertainment of further cases of under-nourishment, and a third time for the re-examination of all children already certified as under-nourished. Children in receipt of the milk ration were found in some cases to be improved, and it was decided to continue the milk to prevent relapse to their former condition, and in some cases the children were found to be worse, and to require to be transferred to the mid-day meal lists.

At routine school medical inspections the state of nutrition has been re-assessed where necessary, children being certified for the first time as under-nourished in some cases, and in other cases being transferred from milk ration to mid-day meal or vice versa.

In a considerable number of cases where unemployed fathers have found work the parents have automatically stopped their children from accepting milk or dinners, usually giving the reason that they can now afford proper feeding at home, and do not wish to be indebted any longer to the School Authorities.

Parents are very honest in notifying the head teachers of improvement in their financial circumstances. Where parents become unemployed while on the paying lists for milk or dinners it is surprising how some will continue to pay without disclosing the fact that they can no longer afford it.

Class teachers and parents are constantly reporting improvement in the condition of their children, teachers in the matter of

improved work and a happier and more alert attitude in school and parents in the matter of increased vitality at home.

The milk supply to the schools is delivered in time for the children to have their milk in the early part of the morning as soon after school opens as possible.

Samples are taken and tested at frequent intervals to ensure the quality and safety of the supply.

The feeding centres are visited without warning, while meals are in progress, by members of the Committee, the Director of Education, the School Medical Officer, and the Assistant School Medical Officer.

No fault can be found with the arrangements. The food arrives hot. Crockery and cutlery have always been found to be scrupulously clean. Second and in some cases third portions are available for those who want them. Waste is reduced to a minimum.

The behaviour of the children at table varies in the different centres. On the whole it is satisfactory and in some of the centres exemplary.

**Voluntary Food Centre.** During the Winter months a voluntary soup kitchen supplies soup at a nominal cost to residents in the Norton district of the town who are unemployed and who apply for tickets.

## 12. Co-operation of Parents, Teachers, School Attendance Officers and Voluntary Bodies.

**Parents.** When appointments are given for medical inspections parents are invited to be present. 2,965 parents have attended on one or more occasions during the year at the examination of their children. Many parents who cannot attend send letters giving particulars of the child's condition and asking for advice. The vast majority of parents obtain almost immediate

advice or treatment when defects requiring treatment are pointed out to them. In cases where parents are told that the tonsils are not quite normal and will be kept under observation, and notice will be sent if they become worse, it is not unusual to find at re-examination that the tonsils have been removed.

**Teachers.** The School Medical Service is indebted to the teachers for their co-operation in the work of medical and dental inspection, in referring to the Clinic's cases which have come to their notice of suspected infectious disease, adenoids, mental deficiency, malnutrition, anaemia and parental neglect; of unauthorised employment out of school hours, absence from school without medical certificate, irregular attendance, fatigue, bad posture, faulty muscle control, squint, defective sight and defective hearing.

The assistance of teachers in supervising the wearing of spectacles, making themselves responsible for the attendance of children at the treatment clinics, in distributing the milk ration and supervising the service and manners of the children at the feeding centres, with all the additional clerical work entailed, is appreciated and gratefully acknowledged.

**School Attendance Officers.** The School Attendance Officers have been helpful in referring to the Clinics physically and mentally defective children over the age of five years who have not entered school, children who have failed to return to the elementary school on discharge from the Day Open-Air School, and children absent from school for any length of time without a medical certificate.

### **Voluntary Bodies.**

(a) **The Mayor's Unemployment Relief Fund (Children's Boot Fund).** During the Winter 1932-33, boots have been distributed to 2,550 poor children at a cost of £884 19s. 5d. This provision has been made possible by the legacy of the late Robert Jobson, referred to in the report for the year 1932.

This legacy amounted to	...	...	...	£2185	2	2
Voluntary subscriptions	...	...	...	40	13	2
Making a total of	...	...	...	£2225	15	4
The amount expended in the purchase of boots was				884	19	5
Leaving a balance in hand of...	...	...	...	£1340	15	11

Of this amount £1000 was invested, £340 15s. 11d. remaining in the bank in the hands of the Treasurer.

(b) **Children's Fresh Air Fund.** Under the auspices of the Children's Fresh Air Fund Committee, 500 poor children were taken by train to Seaton Carew in August, 1933, where they spent a very happy day at the seaside. Willing assistance was rendered to the Organisers by a number of day school teachers who not only selected the children but gave their services in controlling them and in distributing the food. Their help was greatly appreciated by the Organising Committee.

(c) **British Red Cross V.A.D.** Lady members of the 70th and 112th Durham British Red Cross V.A.D. attend at morning clinics and help with the dressings and at afternoon clinics to take pulses and temperatures. Their assistance has been of great service to the Department and is highly appreciated.

(d) **Personal Service League.** A centre has recently been opened in the Borough under the auspices of the Personal Service League for the distribution of clothing and bedding to the families of the unemployed.

(e) **The Stockton and Thornaby Guild for the Care of Crippled Children.** This Guild provides surgical boots and appliances to school children who are in need of them. Close co-operation exists between the School Medical Service and this voluntary organisation.

### 13. Blind, Deaf, Defective and Epileptic Children.

(a) Blind, deaf, defective and epileptic children are referred for ascertainment by maternity and child welfare medical officers, private medical practitioners, health visitors and mental welfare visitors, school attendance officers, head teachers, parents and guardians, and are also discovered at routine and special medical inspections at school and Clinic.

There is one totally blind child in the Borough and 14 children belonging to the Borough are partially blind, one of these being in a School for the Blind and one being at home.

Suitable cases of high myopia and of severe choroiditis are admitted to the Day Open Air School.

There is a Day School for Deaf children with ample accommodation for the needs of the Borough, 16 of the 37 children in attendance being from contributory areas.

In June, the Assistant School Medical Officer sent a request to the Head Mistresses of all Infant departments for the names of any of their pupils who were due to be promoted to a higher department after the Summer Vacation and had made little or no progress since entering the Infant department. A number of children were subsequently examined.

During the year the Assistant School Medical Officer examined 34 children for ascertainment of mental deficiency. 10 were found to be merely dull and backward, 19 mentally defective (feeble-minded), four imbeciles and one an idiot. 29 of these children are attending ordinary elementary schools and five attend no school. Three of the imbeciles were notified to the Durham County Council. The other imbecile and the idiot child had been notified previously and were for special reasons re-examined. The names of six children were forwarded to the County Council on their attaining school-leaving age.

There is no provision for mentally defective children in the Borough.

Some of the schools have a class for backward children.

The accommodation for delicate children at the Day Open Air School is insufficient for the needs of the Borough in the present time of local industrial depression and unemployment.

There are seven children, five of them mentally defective, belonging to the Borough, suffering from severe epilepsy, one of these being in a residential school for epileptics. No special provision for epileptic children has been considered necessary.

(b) Mentally defective children not in Special Schools and incapable of receiving benefit in a Special School are notified to the Local Authority under the Mental Deficiency Act, 1913, as amended by the Mental Deficiency Act, 1927.

(c) **Day School for Deaf Children.** 36 of the children in attendance at the school were medically inspected during the year, 18 deaf and two partially deaf children who were resident in the Borough and 16 deaf from contributory areas. One deaf child missed the inspection through absence.

14 of the 36 had defective vision, one of these being a case of congenital cataract. 12 had suitable spectacles and two were referred for refraction.

Cervical glands were palpable but not causing symptoms in eight cases.

Advice was given in five cases of rickets.

Three cases of otorrhoea were requiring treatment and were receiving it.

There were two cases of congenital syphilis, two cases of functional disorder of the heart and two cases of bad posture.

Treatment for unhealthy tonsils was recommended in one case and for unhealthy tonsils and adenoids in another case.

There was one case of congenital disease of the heart, one of nystagmus and one of vitiligo.

A cod liver oil emulsion ration is provided daily and the children are most fortunate in the excellent arrangements made for their mid-day meal by the Head Mistress.

**Miss Malim, the Head Mistress, reports as follows:—**

“The School for the Deaf, Stockton-on-Tees, is scheduled to accommodate 40 children, with a Staff of four.

At present there are 37 children on the roll, of whom 21 are local children and 16 are from contiguous areas.

During 1933 the average number on the roll was 37·37, and the average attendance 35·4 which gives a percentage of 94·72%.

In my opinion all the children but three (and those are *late starters*) are very intelligent and are progressing satisfactorily with their education, which is conducted on the oral method. The little children admitted at an early age are particularly satisfactory, and the improvement in several children certified as “too deaf for instruction in elementary schools” has justified their being given places in a Special School for the Deaf.

During the last four years all the children who have left us on attaining the age of 16 years have (with the exception of one girl whose parents are in good circumstances) gone either into suitable work or to further technical training at the Training Schools for Elder Deaf Girls and Boys, Old Trafford, Manchester. We have good reports of them all. The children placed locally are holding their places—Manchester reports very favourably on our students there and the first of those students to complete her three years training as a dressmaker has returned recently to Stockton and is fully occupied.

The health of the children in the school has been very good during the past year. We have had no epidemics and no case of serious illness.

We feel that the children derive great benefit from the Cod Liver Oil Emulsion which they all have every day, from attention paid to cleanliness and warm clothing, and to the fact that most of them remain at school at mid-day for a restful lunch hour, when they can eat their food under pleasant conditions.

Each year strengthens our conviction that the earlier a deaf child comes to school, and the earlier a partially deaf child is given the chance of individual attention in a small class, the better is the hope of satisfying and self-supporting employment for him in after years."

#### **Day Open-Air School for Delicate Children.**

The school has accommodation for 140 boys and girls. 143 were admitted during the year and 219 were discharged.

There were 145 on the register at the end of the year, the additional five being children admitted at a moment's notice from the waiting list for admission, to fill vacancies caused by removal to hospital, sanatorium, etc. of children whose names could not be taken off the register until their re-admission to ordinary elementary school. 71 of the 145 were boys, 74 girls.

The types of cases most usually admitted are debility, malnutrition, anaemia, rheumatism and chorea, pre-tubercular cases and cases of non-infective tuberculosis (lungs, glands, skin, bones, joints, abdomen, etc.), phlyctenular conjunctivitis, chronic severe blepharitis, various forms of keratitis, severe active rickets, convalescence from severe illnesses and operations.

The cases on the roll at the end of the year were:—

Convalescence	...	...	37
Rheumatic manifestations	...		32
Debility	...	...	28

Tuberculosis	...	...	19
Rickets	...	...	12
Anæmia	...	...	11
Malnutrition	...	...	4
Keratitis	...	...	2
			—
			145
			—

The average attendance for the year was 89·4%.

3,306 dressings were done by the nurse at the Open-Air School and 5,174 baths were taken.

One month after a child is discharged from the Open-Air School a note is sent to the parent by the Assistant School Medical Officer stating that in connection with the periodical re-examination of delicate children an appointment is given for the child to attend at a special clinic to see whether the improvement in health has been maintained since he or she has left the Open-Air School, and the mother is requested to accompany the child. A similar appointment is sent two months after discharge, seven months after discharge and 12 months after discharge. 310 of these re-examinations were carried out during the year, and parents and children have attended extremely well.

Reckoning that a healthy school child should gain from  $2\frac{1}{4}$  to  $4\frac{1}{2}$ -lbs. in weight (depending on age and sex) in nine months, and 3 to 6-lbs. in weight (again depending on age and sex) in 12 months, only 16 of the 33 examined nine months after discharge and 10 of the 31 examined 12 months after discharge have gained sufficient weight; while of the group of 16 who have gained weight satisfactorily only seven are free from signs and symptoms of ill-health, and of the group of 10 who have gained weight satisfactorily only seven are free from signs and symptoms of ill-health sufficient to warrant their re-admission to the Open-Air School. It therefore follows that in 78% of the 64 cases under observation, the improvement in health resulting from their stay

at the Open-Air School has not been maintained and that these 50 cases should be re-admitted to the Open-Air School, but the number of new cases requiring admission is also so large that only the most severe and most urgent cases can be selected.

It is hoped that the provision of the mid-day meal may do much to lessen the number of relapses in children returned to ordinary elementary school.

#### **14. Full-time Courses of Higher Education for Blind, Deaf, Defective and Epileptic Students.**

(a) Stockton being a Part III Authority children in the School for the Deaf upon reaching the age of 16 years are notified to the respective Authorities for Higher Education. Two Darlington deaf children who were in attendance at the Stockton School were so notified and sent by that Authority to Manchester for higher education.

Similarly blind children are so notified but there were no cases during the year.

(b) No courses for higher education for any of these types of children are provided by this Authority.

(c) Two children returned from the Manchester School for Training during the year and are both doing well.

#### **15. Nursery Schools.**

There are no nursery schools in the Borough.

#### **16. Secondary Schools and other Institutions of Higher Education.**

The Authority for higher education in the Borough is the Durham County Council.

#### **17. Parents' Payments.**

The following are the arrangements for recovering the cost of treatment from the parents of children attending public elementary schools:—

**Minor Ailments.** For treatment of minor ailments at the School Clinic, voluntary contributions are invited from parents.

**Dental Treatment.** In cases where the income of the parents exceeds the income scale adopted by the Authority a charge of 6d. for a single attendance and 1/- for complete treatment is made and this is collected at the time of treatment.

**Tonsils and Adenoids.** Payments from parents (whose income is in excess of the scale adopted by the Authority) for the treatment of children at the Stockton and Thornaby Hospital are required to be made before treatment is given. The scale charge is 7/6 in each case.

## 18. Health Education.

The Committee are members of the Health and Cleanliness Council and the several publications are issued to the schools for information and display.

The Committee during the year took advantage of the services of a Lecturer from the Dental Board of the United Kingdom and had a series of illustrated lectures in the Senior departments.

## 19. Special Enquiry.

**Immunity to Dental Caries.** The teeth of 404 leaver boys and 416 leaver girls were examined at routine medical inspection. 16% were free from caries. 4·6% were found to have a complete second dentition apparently entirely free from caries without operative treatment. Owing to pressure of work in the dental department it was not possible to have these findings verified by probe and mirror, as had been intended.

4·0% of the leaver boys, five 12-year-olds and eleven 13-year-olds, had a complete second dentition entirely free from caries without operative treatment.

5·3% of the leaver girls, 17 12-year-olds and five 13-year-olds, had a complete second dentition entirely free from caries without operative treatment.

These cases of natural immunity to caries in the second dentition up to leaver age were investigated so far as was practicable (the children did not all have parents with them and the question of heredity was not investigated), and the figures given below refer to this particular small group of cases only.

33·3% of the boys and girls never clean their teeth. 44·4% clean their teeth daily, 16·7% cleaning them once a day, 13·9% cleaning them twice a day, and 13·9% cleaning them after each meal.

Of the girls 9·5% never clean their teeth. 66·7% clean their teeth daily.

Of the boys 66·7% never clean their teeth. 13·3% clean their teeth daily.

39·5% of the children were known to belong to homes where the allowance per head per week, after deduction of rent, was less than six shillings.

13·2% of the children were known to belong to homes where the allowance per head per week, after deduction of rent, was six shillings or more.

15·8% were presumed to be over the six shillings mark as the parents did not agree to the suggestion of extra feeding.

Of the financial circumstances of the remainder nothing definite is known.

Nutrition was normal in 36·8% of the cases, slightly subnormal in 36·8% and definitely subnormal in 26·3%.

Weight was unsatisfactory in 39·5% of the cases.

Unsatisfactory weight was combined with slightly subnormal nutrition in 13·2% of the cases and with definitely subnormal nutrition in 7·9% of the cases.

Slightly subnormal nutrition was combined with rickets in 18·4% of the cases. Definitely subnormal nutrition was combined with rickets in 13·2% of the cases.

Unsatisfactory weight was combined with rickets in 10·5% of the children.

Unsatisfactory weight, slightly subnormal nutrition and rickets occurred together in 5·3% of the children.

In only 13·2% of the cases was satisfactory weight associated with normal nutrition and freedom from rickets.

44·7% of the children were credited with bright, 42·1% with fair and 13·2% with dull mentality.

Immunity to caries was correlated with defective hearing in 5·3%, rheumatism in 7·9%, unhealthy tonsils in 13·2%, palpable neck glands in 18·4%, defective vision in 31·6%, verminous conditions of head or body or both in 39·5% and rickets in 42·1% of the cases.

54·3% never had raw milk at home. 28·6% had been in the habit of having raw milk at home every day.

14·3% never had heated or cooked milk at home. 31·4% had been in the habit of having heated or cooked milk at home every day.

57·1% had never had cod liver oil or any of its preparations so far as they were aware. 5·7% had been in the habit of having cod liver oil or one or other of its preparations as far back as they could remember.

No child had had both raw milk and cod liver oil regularly.

31·4% of the children could not remember ever having either raw milk or any cod liver oil preparation at home.

17·1% had been in the habit of having meat with vegetables one day a week or less frequently. 31·4% had been in the habit of having meat with vegetables six or seven days a week.

17·1% never or very rarely tasted fresh fruit. 37·1% had fresh fruit six or seven days a week.

34·3% of the children spent a penny a week or less on sweets. 22·9% spent from fourpence to one and sixpence a week on sweets.

45·7% had jam one day a week or less frequently. 42·9% had jam six or seven days a week.

2·7% of the children had jam one day a week or less frequently and a pennyworth or less of sweets a week.

14·3% of the children had jam six or seven days a week and fourpenceworth or more of sweets a week.

The particulars given below refer to those members of the group under investigation who never clean their teeth.

None is of normal weight and nutrition.

33·3% are underweight.

25% are of slightly subnormal nutrition (8·3% at the same time having rickets).

16·7% are of definitely subnormal nutrition and at the same time have rickets.

8·3% are of slightly subnormal nutrition and also underweight.

Two cases have one cup a day of raw milk, but no cod liver oil.

Extra feeding was refused by the parents in both cases, so that probably both belong to homes over the six shillings mark previously referred to. Both are bright children. Both have

rickets Both have meat with vegetables three days a week and jam six or seven days a week.

Case A has sweets very seldom, fresh fruit one day a week. Nutrition has deteriorated from slightly subnormal to definitely subnormal.

Case B has twopenceworth of sweets a week, fresh fruit two, three or four days a week. Nutrition is slightly subnormal.

Four cases have had cod liver oil but no raw milk. Notes on these four cases are as follows:—

Case C—cod liver oil emulsion "when only little," sweets, jam, fruit negligible, meat with vegetables two days a week. Under the six shilling mark, poor clothing, rickets, anaemia, intelligence fair, nutrition has deteriorated from slightly subnormal to definitely subnormal.

Case D—"Virol when younger," sweets, jam, fruit negligible, meat with vegetables two days a week.

Underweight, verminous head and body, intelligence fair.

Case E—Cod liver oil emulsion during Winter colds, sweets and fruit negligible, jam seven days a week, meat with vegetables one day a week.

Under the six shilling mark, bright, definitely subnormal nutrition, underweight, defective vision, neck glands palpable.

Case F—Cod liver oil emulsion constantly until age 7—none since, sweets and jam negligible, fruit seven days a week, meat with vegetables alternate Sundays.

Under the six shilling mark, intelligence fair, "delicate from birth," subnormal nutrition, underweight, neck glands palpable, slight scoliosis, basal murmur, late bedder, rheumatism.

One case has raw milk odd times and once had cod liver oil emulsion "a fairly long time."

Case G—Threepenceworth of sweets a week, "a lot of jam when she feels like it," fruit seven days a week, meat with vegetables six or seven days a week.

Underweight, unhealthy tonsils, intelligence fair.

One case has raw milk, two cups a day (except in cold weather when it is heated), and a tablespoonful of cod liver oil and malt every day regularly.

Case H—Ninepenceworth of sweets a week, jam and fruit seven days a week, meat with vegetables five days a week.

Bright, underweight, rheumatism.

Three cases have never had either raw milk or cod liver oil.

Case I—Sweets, jam, fruit negligible, meat with vegetables one day a week.

Refused extra feeding so presumably over the six shilling mark, underweight, defective vision, intelligence fair.

Case J—Sweets, jam, fruit negligible, meat with vegetables two days a week.

Under the six shilling mark, bright, slightly subnormal nutrition, squint, verminous head, very irregular teeth, tartar.

Case K—Sweets, jam, fruit negligible, meat with vegetables three days a week.

Under the six shilling mark, slightly subnormal nutrition, backward, obesity.

**Conclusions.** No definite conclusions can be drawn from the necessarily small number of cases for investigation.

Children who have fresh fruit or meat and vegetables or heated or cooked milk every day would appear to have twice as good a chance of freedom from caries as those children who hardly ever have these foods.

Lack of home care (as evidenced by verminous conditions) and poor financial circumstances do not appear to have any very adverse effect on freedom from caries.

The most interesting fact emerging from the investigation is that, while 74·7% of the cases of leavers who had not a complete second dentition entirely free from caries were **not** associated with rickets sufficiently severe or neglected as to show bone deformities persisting to leaver age, yet 42·1% of the cases of leavers who **had** a complete second dentition entirely free from caries **were** associated with rickets sufficiently severe or neglected as to show bone deformities persisting to leaver age.

## 20. Miscellaneous.

There have been five examinations during the year of three girls and one boy whose parents applied for licences permitting them to take part in theatrical performances. A medical certificate was granted in each case.

20 medical certificates were granted to schoolboys for licences for newspaper delivery, one for milk delivery and one for other errands.

10 medical certificates were granted to boys in connection with street trading licences.

One child was refused an employment certificate on medical grounds.

In accordance with the Committee's bye-laws one male teacher and seven lady teachers were examined by the School Medical Staff for certificates of fitness to return to school after illness. Certificates were granted in each case.

Medical reports on 860 children leaving school were supplied to the Juvenile Employment Officer during the year. Advice is given by the Assistant School Medical Officer on the employment cards re work recommended and conditions of employment to be avoided in cases of rheumatism, heart disease, anaemia, tuberculosis, myopia, epilepsy, mental defects, etc.

### **WORK OF THE JUVENILE EMPLOYMENT BUREAU, 1933.**

**Child Employment.** It is pleasing to report an improvement in the industrial position locally, but there is still much difficulty in placing boys and girls. A considerable number of boys have been compelled by force of circumstance to take up employment which has neither been congenial nor of a permanent character, and which has resulted in a change of occupation at the age of 16 years, an age at which it is most desirable that young people should become established rather than having them to re-adjust their ideas regarding their future industrial careers.

The number of placings during the year under review has been 418 boys and 411 girls as compared with 291 boys and 318 girls during 1932. The physical condition of these young people is generally of a satisfactory standard.

The working conditions—especially regarding the hours of employment of boys engaged in certain of the Distributive Trades—are matters which have required attention and it is pleasing that recent legislation is likely to prove a corrective to this exploitation which inevitably has a detrimental effect on the health of the juveniles concerned.

The Unemployment Register at mid-January, 1934, showed a total of 729 boys and girls, and 778 at the corresponding period last year. School-leavers are strongly advised to remain at School and register for employment, and large numbers have taken advantage of this offer.

**Juvenile Unemployment Insurance.** The conditions of the Economy Order of October, 1931, have had the effect of reducing

the number claiming benefit for an extended period. Boys and girls of 16–18 years who have been paid 156 days U.I. benefit in one Benefit Year cannot now claim further benefit until a specified period of insurable employment has been obtained.

The rates of benefit remain the same :—

	Boys.	Girls.
Age 16 years	5/6	4/6
Age 17 years	8/-	6/9

There is more demand for boy 14–15 yrs. than in the higher age-groups and it has been difficult to place many fine lads owing to the lack of suitable openings. There is an ample supply of well-educated boys of sound, rugged health for any work that is offered.

**Junior Instruction Centre.** During the two years that the Centre has been in operation good work has been done in maintaining a high standard of health and efficiency and in offering instruction giving an insight into workshop practice and general knowledge.

Claimants to benefit must attend as a condition of receiving benefit while Non-Claimants in considerable numbers attend voluntarily. It is a matter of regret that more Non-Claimants do not attend, as these boys are particularly the boys who would in general benefit by the instruction given. Projected legislation as indicated in the new Unemployment Act stipulates that all boys and girls between 14–18 years of age must attend a Junior Instruction Centre.

Physical exercises are a regular feature and badminton, during the Winter months, has been attractive, while cricket and football in season have combined to build up and maintain a healthful condition whilst the boys await suitable employment.

Free swimming periods have been greatly appreciated. Social events included Summer Athletic Sports Day, a Xmas Treat, and a Public Exhibition of the work of the Centre.

**Homecraft Training Centres.** During the year 1933, 104 girls applied for training at the local Centre. Of these, 45 girls were accepted by the Committee, and 33 girls entered into training and were subsequently placed in good resident posts in London and Yorkshire districts.

Applications for training at the Residential Centres at Harrogate and Warrington were received from 23 girls, of whom 16 were accepted, but three girls failed to pass the required medical examination.

There is a clear demonstration that the course of training has a beneficial effect on the girls, both as regards health and general efficiency. The standard of physical fitness at the end of each course of training is noticeably higher, and the girls brighter and more alert than they were prior to training, so that they are enabled to obtain much better posts than would have been possible without the training.

### **EMPLOYMENT OF CHILDREN AND YOUNG PERSONS.**

**Street Trading and Child Employment.** During the year 27 boys have registered for employment outside school hours as compared with 17 boys in the preceding year.

The class of work undertaken by the boys has been as follows:—

Newspaper delivery	...	...	23 boys
Errand boys	...	...	4 „
			— 27 „

The application form is forwarded to the Medical Officer and on receipt of medical certificate of fitness the Employment card is issued.

The usual hours of employment are—one hour before morning school and one hour after school hours, not later than 6-30 p.m.

Generally the conditions imposed appear to be satisfactory and there is no knowledge of this employment having proved detrimental to any child so employed.

**Street Trading.** There are 14 boys holding Street Trading Licences under the Bye-laws as compared with 13 last year.

It is pleasing to record that this class of work which has proved so attractive to younger boys in the past is now making an appeal to older boys and there have been fewer cases of infringement requiring warning. The regulations as set out in the new Act (Children and Young Persons Act, 1933) will prohibit Street Trading by young persons under 16 years of age.

**Employment of Children in Theatrical Entertainments.** During the year under review 3 licences were granted to 1 boy and 2 girls for singing and dancing. An extension to an existing licence was also granted to a girl for dancing performances. One application was rejected owing the applicant being under 12 years of age.

The parents of all applicants appeared before the Committee prior to the granting of the licence. In all cases the conditions of the licence have been complied with and satisfactory reports received regarding each child.

## 21. Statistical Tables.

**TABLE I.—Return of Medical Inspections.**

A.—ROUTINE MEDICAL INSPECTIONS.—Number of Code Group Inspections.

Entrants	...	...	...	772
Intermediates		...	...	736
Leavers	...	...	...	821
				—
Total		...	2,329	—
				—

Number of other Routine Inspections 37

B.—OTHER INSPECTIONS:

Number of Special Inspections	...	8,555
Number of Re-Inspections	...	5,167
		—
Total	...	13,722
		—

**TABLE II.—Stockton-on-Tees.**

A. Return of Defects found by Medical Inspection in the year ended  
31st December, 1933.

DEFECT OR DISEASE (1)	Routine Inspections		Special Inspections	
	Requiring Treatment (2)	No. of Defects Requiring Treatment (3)	Requiring Treatment (4)	No. of Defects Requiring Treatment (5)
		Requiring to be kept under observation but not requiring Treatment (3)		Requiring to be kept under observation but not requiring Treatment (5)
Malnutrition	...	0	0	5
<b>Skin:</b>				
Ringworm—Scalp	...	0	0	13
,, Body	...	2	0	27
Scabies	...	1	0	28
Impetigo	...	25	0	329
Other Diseases (Non-Tuberculous)	25	1	43	0
<b>Eye:</b>				
Blepharitis	...	77	1	93
Conjunctivitis	...	4	0	79
Keratitis	...	1	0	11
Corneal Opacities	...	0	2	1
Defective Vision (excluding Squint)	104	46	187	32
Squint	...	52	5	84
Other Conditions	...	17	1	28
<b>Ear:</b>				
Defective Hearing	...	4	10	1
Otitis Media	...	15	6	114
Other Ear Diseases	...	6	0	3
<b>Nose and Throat:</b>				
Chronic Tonsillitis only	...	93	113	40
Adenoids only	...	15	9	12
Chronic Tonsillitis and Adenoids	23	10	12	0
Other Conditions	...	12	6	2
<b>Enlarged Cervical Glands (Non-Tuberculous)</b>	1	6	83	0
<b>Defective Speech</b>	...	34	1	5
<b>Heart and Circulation:</b>				
Heart Disease—Organic	...	0	18	15
,, Functional	...	4	40	0
Anæmia	...	30	5	34
<b>Lungs:</b>				
Bronchitis	...	30	0	46
Other Non-Tuberculous Diseases	4	0	36	0

TABLE II—continued.

DEFECT OR DISEASE (1)	Routine Inspections		Special Inspections	
	No. of Defects		No. of Defects	
	Requiring Treatment (2)	Requiring to be kept under observation but not requiring Treatment (3)	Requiring Treatment (4)	Requiring to be kept under observation but not requiring Treatment (5)
<b>Tuberculosis:</b>				
Pulmonary—Definite	...	0	0	4
,, Suspected	...	0	4	8
Non-Pulmonary—Glands	...	1	0	8
,, Bones and Joints	..	0	1	3
,, Skin	...	0	1	2
,, Other Forms	...	0	0	10
<b>Nervous System:</b>				
Epilepsy	...	0	1	6
Chorea	...	2	1	29
Other Conditions	...	2	2	1
<b>Deformities:</b>				
Rickets—Severe—Active	...	7	0	11
Spinal Curvature	...	2	0	3
Other Forms	...	9	0	1
<b>Other Defects and Diseases</b>	...	30	89	1828
(excluding Uncleanliness and Dental Diseases)				1036

B. NUMBER OF *Individual Children* FOUND AT ROUTINE MEDICAL INSPECTION TO REQUIRE TREATMENT (excluding Uncleanliness and Dental Diseases).

GROUP (1)	Number of Children		Percentage of Children found to require Treatment (4)
	Inspected (2)	Found to require Treatment (3)	
<b>PRESCRIBED GROUPS:—</b>			
Entrants	...	772	21·6
Second Age Group	...	736	23·6
Third Age Group	...	821	24·8
Total (Prescribed Groups)	...	2329	23·3
Other Routine Inspections	...	37	18·9%

**TABLE III.—Stockton-on-Tees.****RETURN OF ALL EXCEPTIONAL CHILDREN IN THE AREA.****CHILDREN SUFFERING FROM MULTIPLE DEFECTS.**Blindness (*Not Partial Blindness*).Deafness (*Not Partial Deafness*).

Mental Defect.

Epilepsy.

Active Tuberculosis.

Crippling (as defined in the penultimate category of the Table).

Heart Disease.

The number of children suffering from any combination of the above defects      ...      ...      ...      ...      ... 14

**BLIND CHILDREN.**

At Certified Schools for the Blind	At Public Elementary Schools	At Other Institutions	At no School or Institution	Total
0	0	0	0	0

**PARTIALLY BLIND CHILDREN.**

At Certified Schools for the Blind	At Certified Schools for the Partially Blind	At Public Elementary Schools	At Other Institutions	At no School or Institution	Total
1	0	12	0	1	14

TABLE III.—continued.

## DEAF CHILDREN.

At Certified Schools for the Deaf	At Public Elementary Schools	At Other Institutions	At no School or Institution	Total
20	0	0	0	20

## PARTIALLY DEAF CHILDREN.

At Certified Schools for the Deaf	At Certified Schools for the Partially Deaf	At Public Elementary Schools	At Other Institutions	At no School or Institution	Total
2	0	11	0	0	13

## MENTALLY DEFECTIVE CHILDREN.

## FEEBLE MINDED CHILDREN.

At Certified Schools for Mentally Defective Children	At Public Elementary Schools	At Other Institutions	At no School or Institution	Total
2	50	1	3	56

## EPILEPTIC CHILDREN.

Children suffering from Severe Epilepsy.

At Certified Special Schools	At Public Elementary Schools	At Other Institutions	At no School or Institution	Total
0	0	0	2	2

TABLE III.—continued.

## PHYSICALLY DEFECTIVE CHILDREN.

**A. Tuberculous Children.**

I.—Children suffering from Pulmonary Tuberculosis.  
(Including Pleura and Intra-thoracic Glands).

At Certified Special Schools	At Public Elementary Schools	At Other Institutions	At no School or Institution	Total
0	2	1	5	8

II.—Children suffering from Non-Pulmonary Tuberculosis.  
(Tuberculosis of all sites other than those shown in (I) above).

At Certified Special Schools	At Public Elementary Schools	At Other Institutions	At no School or Institution	Total
5	40	4	10	59

**B. Delicate Children.**

At Certified Special Schools	At Public Elementary Schools	At Other Institutions	At no School or Institution	Total
128	220	0	0	348

TABLE III.—continued.

**C. Crippled Children.**

(Crippling defects sufficiently severe to interfere with the child's normal mode of life).

At Certified Special Schools	At Public Elementary Schools	At Other Institutions	At no School or Institution	Total
0	25	0	4	29

**D. Children with Heart Disease.**

(Defect so severe as to necessitate the provision of educational facilities other than those of the Public Elementary School).

At Certified Special Schools	At Public Elementary Schools	At Other Institutions	At no School or Institution	Total
1	4	0	2	7

### Notes on Table III.

#### Children suffering from multiple defects.

One boy, Mental Defective, has Pulmonary Tuberculosis—attends Certified School (Day Open-Air).

One boy, Mental Defective, has Heart Disease—at no School or Institution.

One boy, Mental Defective, has Active Tuberculosis (Skin)—attends Elementary School.

Two boys, Cripples, and Mental Defectives—at no School or Institution.

One boy, Totally Blind, is Mentally Defective—at no School or Institution.

One boy, Mental Defective and Epileptic—attends Elementary School irregularly.

One boy, Mental Defective and Epileptic—in Residential School for Epileptics.

One girl, Totally Deaf, is Mentally Defective—in Mental Institution.

Two girls, Cripples and Mental Defectives—at no School or Institution.

One girl, Epileptic and Mental Defective—attends Elementary School irregularly.

Two girls, Epileptics and Mental Defectives—at no School or Institution.

**TABLE IV.—Stockton-on-Tees.**

RETURN OF DEFECTS TREATED DURING THE YEAR ENDED  
31ST DECEMBER, 1933.

**TREATMENT TABLE.**

GROUP I.—MINOR AILMENTS (excluding Uncleanliness, for which see Group V.)

Disease or Defect (1)	Number of Defects treated or under treatment during the year		
	Under the Authority's Scheme (2)	Otherwise (3)	Total (4)
<b>Skin:</b>			
Ringworm—Scalp ...	... 11	2	13
Ringworm—Body ...	... 34	1	35
Scabies ...	... 1	31	32
Impetigo ...	... 402	20	422
Other Skin Disease ...	... 52	27	79
<b>Minor Eye Defects</b> ...	... 194	29	223
(External and other, but excluding cases falling in Group II)			
<b>Minor Ear Defects</b> ...	... 182	10	192
<b>Miscellaneous</b> ...	... 966	35	1001
(e.g., minor injuries, bruises, sores, chilblains, etc )			
<b>Total</b> ...	... 1842	155	1997

GROUP II.—DEFECTIVE VISION AND SQUINT (excluding Minor Eye Defects treated as Minor Ailments—Group I).

Defect or Disease (1)	Number of Defects dealt with			
	Under the Authority's Scheme (2)	Submitted to refraction by private practitioner or at hospital, apart from the Authority's Scheme (3)	Otherwise (4)	Total (5)
Errors of Refraction (including Squint) ...	430	8	5	443
(Operations for squint should be recorded separately in the body of the Report)				
Other Defect or Disease of the Eyes ...	1	0	0	1
(excluding those recorded in Group I)				
<b>Total</b> ...	431	8	5	444

TABLE IV.—Continued.

Total Number of Children for whom Spectacles were prescribed :—

(a) Under the Authority's Scheme	...	...	290
(b) Otherwise	...	...	13

### Total Number of Children who obtained Spectacles :—

(a) Under the Authority's Scheme	...	...	178
(b) Otherwise	...	...	13

### GROUP III.—TREATMENT OF DEFECTS OF NOSE AND THROAT.

NUMBER OF DEFECTS.

Received Operative Treatment.													
Under the Authority's Scheme in Clinic or Hospital		By Private Practitioner or Hospital apart from the Authority's Scheme.		Total.	Received other forms of Treatment.	Total number treated.							
(1)	(2)	(3)	(4)	(5)									
(i) 3	(ii) 1	(iii) 9	(iv) —	(i) 49	(ii) 1	(iii) 14	(iv) —	(i) 52	(ii) 2	(iii) 23	(iv) —	—	77

(i) Tonsils only.      (ii) Adenoids only.      (iii) Tonsils and Adenoids.

(iv) Other defects of the Nose and Throat.

GROUP IV.—ORTHOPÆDIC AND POSTURAL DEFECTS.

Under the Authority's Scheme (1)			Otherwise (2)			TOTAL NUMBER TREATED
Residential Treatment with Education	Residential Treatment without Education	Non-Residential Treatment at an Orthopaedic Clinic	Residential Treatment with Education	Residential Treatment without Education	Non-Residential Treatment at an Orthopaedic Clinic	
Number of Children Treated...	—	—	—	—	—	—

TABLE IV.—continued.

## GROUP V.—DENTAL DEFECTS.

(1) Number of Children who were :—

(a) Inspected by the Dentist :

		Aged :				
Routine Age Groups	...	5 .....	550			
		6 .....	668			
		7 .....	742			
		8 .....	995			
		9 .....	709			
		10 .....	25	Total	3763	
		11 .....	19			
		12 .....	16			
		13 .....	30			
		14 .....	9			
Specials		...	...	...	283	
				Grand Total	4046	
(b) Found to require treatment		...	...	...	2655	
(c) Actually treated		...	...	...	1539	
(2) Half-days devoted to :—						
Inspection		...	...	...	77	
Treatment		...	...	...	296	
				Total	373	
(3) Attendances made by children for treatment		...	...	...	1859	
(4) Fillings :—						
Permanent teeth		...	...	...	398	
Temporary teeth		...	...	...	18	
				Total	416	
(5) Extractions :—						
Permanent teeth		...	...	...	344	
Temporary teeth		...	...	...	1384	
				Total	1728	
(6) Administrations of general anaesthetics for extractions		—	—			
(7) Other Operations :—						
Permanent teeth		...	...	...	27	
Temporary teeth		...	...	...	334	
				Total	361	

TABLE V.—continued.

## GROUP V.—UNCLEANLINESS &amp; VERMINOUS CONDITIONS.

(i) Average number of visits per school made during the year by the School Nurses ...	...	...	...	...	5
(ii) Total number of examinations of children in the schools by School Nurses ...	...	...	...	...	22,797
(iii) Number of individual children found unclean ...	...	...	...	...	2007
(iv) Number of children cleansed under arrangements made by the Local Education Authority ...	...	...	...	...	—
(v) Number of cases in which legal proceedings were taken :—					
(a) Under the Education Act, 1921 ...	...	...	...	...	—
(b) Under School Attendance Byelaws ...	...	...	...	...	—







